

REGISTRATION FORM
LANSCE User Group Meeting at the Courtyard by Marriott in Santa Fe, NM
January 23-25, 2000

Name: (Last, First, Middle) _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone Number: _____ Fax Number: _____ E-mail: _____

MEETING COSTS (ALL FEES ARE U.S. DOLLARS)

(includes general meeting expenses, refreshments, luncheons, and banquet)

Pre-registration fee:	\$200.00	Late registration fee:	\$250.00
		(after January 10, 2000)	
			\$ _____

PLEASE INDICATE PARTICIPATION:

Workshop I, Sunday, January 23, 2000, 11:00 am – 2:45 pm:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Workshop II, Sunday, January 23, 2000, 3:00 pm – 5:30 pm:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Registration/reception, Sunday, January 23, 2000, 6:00 – 8:00 pm:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hosted lunch, Monday, January 24, 2000:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hosted lunch, Tuesday, January 25, 2000:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Banquet, Tuesday, January 25, 2000	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Guest banquet ticket - \$40.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Special Dietary Requirements: _____

Vegetarian: ☐ Yes ☐ No

Make check payable in U.S. dollars to **LANSCE User Group Meeting**

Credit Cards will be accepted (**Visa and Mastercard only**)

Your credit card will be processed one-two weeks prior to the conference. You will receive a receipt at the conference registration desk.

Credit Card: _____

Card Number: _____

Expiration Date: _____

Signature: _____

LANL Participants:

Please provide cost center code/program code/cost account/work package for registration fee:

_____/_____/_____/_____

RETURN REGISTRATION FORM BY JANUARY 10, 2000

Los Alamos National Laboratory

Protocol Office, MS P366

Attn.: Marion Hutton (U9X9)

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Phone: 505-667-8451

FAX: 505-667-7530

Total Payment: \$ _____